

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEW JERSEY**

**RYSHEEDNA SMITH,**  
*Plaintiff*

V.

**SUMMONS IN A CIVIL CASE**

**EQUIFAX INFORMATION SERVICES,  
LLC, ET AL.,**  
*Defendant*

CASE  
NUMBER: **3:20-CV-09272-FLW-LHG**

TO: (*Name and address of Defendant*):

HEALTHCARE REVENUE RECOVERY GROUP,  
LLC  
1643 N. HARRISON PKWY. BUILDING H, SUITE  
100  
SUNRISE FL 33323

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) --- or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) --- you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

s/ WILLIAM T. WALSH

CLERK



ISSUED ON 2020-07-22 16:39:50, Clerk  
USDC NJD

<b>RETURN OF SERVICE</b>		
Service of the Summons and complaint was made by me <sup>(1)</sup>	DATE	8/24/2020
NAME OF SERVER (PRINT) Ivona Gates	TITLE	Secretary
<i>Check one box below to indicate appropriate method of service</i>		
<b>HEALTHCARE REVENUE</b> <input checked="" type="checkbox"/> Served personally upon the defendant. Place where served: <u>RECOVERY GROUP,</u> <u>LLC</u> <u>1643 N. HARRISON PKWY.</u> <u>BUILDING H, SUITE</u> <u>100</u> <u>SUNRISE FL 33323</u>		
<input type="checkbox"/> Left copies thereof at the defendant's dwelling house or usual place of abode with person of suitable age and discretion then residing therein.  <input type="checkbox"/> Name of person with whom the summons and complaint were left:  <input type="checkbox"/> Returned unexecuted:  <hr/> <hr/> <input type="checkbox"/> Other (specify) :  <hr/> <hr/>		
<b>STATEMENT OF SERVICE FEES</b>		
TRAVEL	SERVICES	TOTAL
<b>DECLARATION OF SERVER</b>		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p>		
Executed on	9/11/2020	/s/Ivona Gates <i>Signature of Server</i>
Date		
<u>22142 West Nine Mile Rd. Southfield</u> <u>MI 48033</u>		



Date Produced: 08/31/2020

LETTERSTREAM:

The following is the delivery information for Certified Mail™/RRE item number 9214 8901 4298 0452 3297 29. Our records indicate that this item was delivered on 08/24/2020 at 12:35 p.m. in FORT LAUDERDALE, FL 33323. The scanned image of the recipient information is provided below.

Signature of Recipient :

De \ TO  


Address of Recipient :



Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local post office or Postal Service representative.

Sincerely,  
United States Postal Service